



AFFIDAVIT FOR FOOD STAMP WORK REQUIREMENTS

ND DEPARTMENT OF HUMAN SERVICES

FOOD STAMP PROGRAM

SFN 385 (Rev. 11-2003)

I understand that under the Food Stamp Act, I will not be eligible to receive food stamp benefits if I refuse to follow the requirements explained to me by my eligibility worker to register for work; seek employment; and accept suitable employment.

Although I may not be requested to participate in the Basic Employment Skills Training Program at this time, I understand that job location services are available to me there. I agree to report to the local BEST office and do a job search if directed to do so at some later time. I will accept an offer of suitable employment whether I receive this offer through a referral from Job Service or through my own contacts.

Date	Applicant's Signature
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To be completed if additional household members are required to register for work.

The following are members of the household who are required to register to work:	

I understand that they must also meet the work requirements described to me by the eligibility worker and summarized above. I will explain the work requirements to those household members.

We understand that failure to comply with the work requirements may result in disqualification from the Food Stamp Program.

Date	Applicant's Signature
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